

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/070151</b>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11		1				61		
12			1			62		
13			1			63		
14				1		64		
15				1		65		
16				1		66		
17				1		67		
18				1		68		
19						69		
20					1	70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
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32						82		
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34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL			1			TOTAL IND.		
TOTAL DEP.				1		TOTAL DEP.		
TOTAL CLAIMS			10			TOTAL CLAIMS		